Tobacco Use Cessation Services Provided in a Group Setting

Information posted May 17, 2019

**Note:** Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client’s specific MCO for details.

Effective for dates of service on or after July 1, 2019, tobacco use cessation services may be provided in a group setting for Medicaid-eligible clients.

Tobacco use cessation services delivered in a group setting will be limited to a maximum of 8 participants per group.

Procedure codes 99406 and 99407 may be billed in any combination by the same or different provider, whether individual or group counseling, and are limited to eight services per rolling year. Additional services require documentation of medical necessity to exceed the established limit.

Claims for tobacco use cessation services delivered in a group setting must be submitted with modifier HQ.

**Note:** New benefits that are adopted by Texas Medicaid must complete the rate hearing process to receive public comment on proposed Texas Medicaid reimbursement rates. After the rate hearing, expenditures must be approved before the rates are adopted by Texas Medicaid.

Providers will be notified in a future banner message or notification if a proposed reimbursement rate will change or if a procedure code will not be reimbursed because the expenditures are not approved.

Providers may also refer to the following website for details related to rate hearings: [www.hhs.texas.gov/about-hhs/communications-events/meetings-events](http://www.hhs.texas.gov/about-hhs/communications-events/meetings-events).

For more information, call the TMHP Contact Center at 1-800-925-9126.